

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
fee DETERMINATION	S-Z		08-2101
GA.P.E. CLASSIFIER			
FORMALITY REVIEW	LS	1089	9(30)01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

<input checked="" type="checkbox"/>	Rejected	N	Non-elected
<input type="checkbox"/>	Altered	I	Interference
-	(Through numerical) Cancelled	A	Appeal
+	Restricted	O	Objected

Claim	Date
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If more than 150 claims or 10 actions  
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**Best Available Copy**